

Alpine County Behavioral Health Services: Mental Health Services Act Annual Update

Fiscal Year 2015/16



Prepared by:

Resource Development Associates

June 3, 2015

Recommended for approval by the Alpine County Mental Health Advisory Board

May 18, 2015

Approved by the Alpine County Board of Supervisors

June 16, 2015



ACKNOWLEDGEMENTS

Alpine County Behavioral Health Services wishes to thank the many consumers, family members, community members, and agencies who participated in the community program planning and helped guide the development of this MHSA Annual Update:

- Alpine County Board of Supervisors
- Alpine County First 5 Commission
- Alpine County Health and Human Services
- Alpine County Mental Health Board
- Alpine County Public Health Department
- Alpine County Unified School District and Office of Education
- Alpine Kids
- Alpine Native TANF
- Choices for Children
- Douglas County NAMI
- Friends of Hope Valley
- Hope Valley Outdoors
- Hung-A-Lel-Ti Community
- Tahoe Youth & Family Services
- Woodfords Indian Education Center
- Woodfords Washoe Community Council

As the preparers of this plan, Resource Development Associates (RDA) is particularly appreciative of the vision and commitment provided by the MHSA Planning Committee, comprised of Alissa Nourse, Director of Behavioral Health, Amy Broadhurst, MHSA Program Specialist, and Kristy Vann, Native Wellness Advocate.

RDA Team:

- Amalia Egri Freedman
- Linda A. Hua, PhD
- Anita Kumar, PhD



MHSA COUNTY COMPLIANCE CERTIFICATION

County: Alpine

☐ Three-Year Program and Expenditure Plan
☒ Annual Update

Local Mental Health Director Name: Alissa R. Nourse Behavioral Health Director Telephone Number: (530) 694-1816 E-mail: anourse@alpinecountyca.gov	Program Lead Name: Amy Broadhurst MHSA Specialist Telephone Number: (530) 694-1320 E-mail: abroadhurst@alpinecountyca.gov
Local Mental Health Mailing Address: 75 C Diamond Valley Rd. Markleeville, CA 96120	

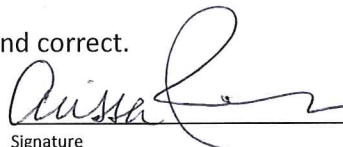
I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 16, 2015.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Alissa R. Nourse
Mental Health Director/Designee (PRINT)


Signature

6/17/15
Date



MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Alpine

- ☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director Name: Alissa R. Nourse Behavioral Health Director Telephone Number: (530) 694-1816 E-mail: anourse@alpinecountyca.gov	County Auditor-Controller/City Financial Officer Name: Carol McElroy Telephone Number: (530) 694-2287 ext. 135 E-mail: cmcelroy@alpinecountyca.gov
Local Mental Health Mailing Address: 75 C Diamond Valley Rd. Markleeville, CA 96120	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Alissa R. Nourse
Mental Health Director/Designee (PRINT)

Carol McElroy 6/17/15
Signature Date

I hereby certify that for the fiscal year ended June 30, 2015, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2015, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general



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fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Carol McElroy - Finance Director
County Auditor Controller/City Financial Officer (PRINT)

Carol McElroy 6/17/2015
Signature Date



I. Project Overview

Annual Update Contents

Alpine County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Annual Update for FY 2015/16 in February 2015. Alpine County Behavioral Health Services (ACBHS) contracted with Resource Development Associates (RDA) to facilitate the CPP activities that culminated in this plan. The purpose of this plan is to describe Alpine County's CPP process, provide an assessment of the needs identified and prioritized via an inclusive stakeholder process, and the proposed programs and expenditures to support a robust mental health system based in wellness and recovery. The Annual Update is intended to review programs and services provided in FY 2013/14 and to provide programming, service, and funding updates to the County's MHSA Three-Year Program and Expenditure Plan for FY 2014–2017, projecting anticipated programming and services in FY 2015/16. This Annual Update includes the following sections:

- **Assessment of mental health needs** that identifies both strengths and opportunities to improve the mental health service system in Alpine County. The needs assessment used multiple data sources—including service data, key informant interviews, open office hours discussions, a focus group, and a community survey, community work sessions, and public comments—to identify the service gaps which will be addressed by Alpine County's proposed MHSA programs for FY 2015/16.
- **Overview of the community planning process** that took place in Alpine County from February through May 2015. Alpine County's CPP was built upon the meaningful involvement and participation of behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations as set forth by the MHSA CPP guidelines.
- **Description of Alpine County's MHSA programs** by component which includes a detailed explanation of each program, its target population, the mental health needs it addresses, and the goals and objectives of the program. This section of the plan also provides information on the expected number of unduplicated clients served and the program budget amount.

This plan is required by Proposition 63 (Mental Health Services Act), approved by California voters in 2004 to expand and transform the public mental health system. The MHSA represents a statewide movement to provide a better coordinated and more comprehensive system of care for those with serious mental illness, and to define an approach to the planning and the delivery of mental health services that are embedded in the MHSA Values (see Figure 1). MHSA planning and programming is funded through a 1% tax on individual annual incomes at or exceeding one million dollars.



Since completing the needs assessment and community program planning phase of the Annual Update, stakeholders focused on addressing gaps that have emerged and enhancing the services offered by current MHSA programs. Examples of new services or enhancements made to MHSA programs include:

- ❖ Increase education outreach and engagement to all community members;
- ❖ Consider recreation and artbased preventative programming;
- ❖ Improve transitional age youth engagement in preventative programming;
- ❖ Continue to improve ACBHS' workforce through education and training; and
- ❖ Increase collaboration with other providers and organizations throughout the County.

Figure 1: MHSA Values



This plan reflects the deep commitment of ACBHS leadership, staff, providers, consumers, family members, and other stakeholders to the meaningful participation of the community as a whole in designing, implementing, and evaluating MHSA programs that are wellness and recovery focused, client and family driven, culturally competent, integrated, and collaborative.

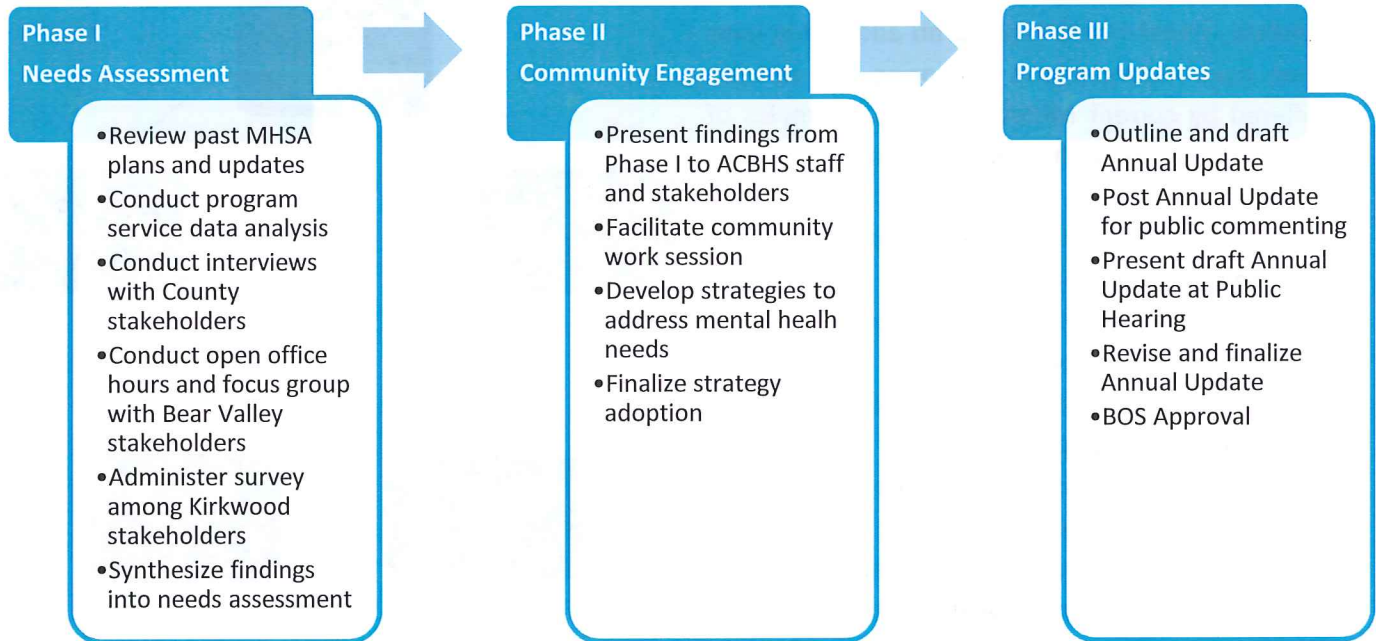
Approach/Methodology

In February of 2015, ACBHS initiated a planning process for the MHSA Annual Update for FY 2015–2016. The MHSA Planning Committee was led by Alissa Nourse, Director of Behavioral Health Services; Amy Broadhurst, MHSA Coordinator; Kristy Vann, Native Wellness Advocate; and Resource Development Associates (RDA), a consulting firm with mental health planning expertise.

The planning team utilized a participatory framework to encourage buy-in and participation from stakeholders as set forth by the MHSA CPP guidelines, including behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations. The planning process consisted of three distinct phases: 1) Needs Assessment; 2) Community Engagement; and 3) Program Updates, as detailed in Figure 2.



Figure 2: Community Program Planning Process



Throughout the planning process, the planning team presented findings and strategies to the Alpine County Mental Health Board (MHB), which reviewed and commented on all recommendations made by the MHSA planning team. All meetings of the MHB are open to the public.

II. Needs Assessment Findings

Data Collection Activities

To ensure sufficient opportunities for community input, ACBHS collected data across a variety of activities. These efforts took place from February through March 2015, and included one-hour phone interviews with 13 county-wide stakeholders, open office hours and a focus group with 10 Bear Valley stakeholders, survey submissions from 19 Kirkwood stakeholders, and updates from ACBHS staff on MHSA programs and populations served. Table 1 provides more details for each data source.

Table 1. Data Collection Activities and Participants

Activity	Date	Total Participants
<i>MHSA Program and Service Data</i>	FY 2013/14	n/a
<i>Key Informant Interviews</i>	March 9–20, 2015	13
<i>Bear Valley Office Hours and Focus Group</i>	February 9, 2015	10
<i>Kirkwood Stakeholder Survey</i>	March 16–30, 2015	19



Key Informant Interviews

In March 2015, RDA interviewed 13 Alpine County stakeholders to assess the current strengths and areas for improvement in MHSA services for the county. ACBHS leadership identified key informants based on their connection or familiarity with ACBHS programming. Key informants had a broad range of affiliations with ACBHS, including behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations as set forth by the MHSA CPP guidelines. Those interviewed were asked to express their needs and concerns related to public mental health services, share their experiences with the current system of services, and provide suggestions for improved programming and services.

Bear Valley Focus Group and Office Hours

In an effort to solicit the feedback of residents living in geographically-isolated regions of the County, the MHSA Planning Team conducted a focus group and held open office hours in Bear Valley for residents to provide feedback. The 10 participants were asked questions around the following areas:

1. What do you feel are the top needs and concerns in the county related to mental health?
2. How well is the county currently meeting these needs?
3. If you could improve the current mental health programs in the county, what would you do?
4. Are there any mental health programs/services you feel are missing or could be beneficial for people in the county?

Kirkwood Stakeholder Survey

Similarly, in an effort to reach the other geographically isolated area of Alpine County, the MHSA Planning Team administered an online and paper-based survey within the Kirkwood community. Nineteen individuals completed the survey, sharing their awareness of behavioral health services in Kirkwood and elsewhere in the county. Those who completed the survey were also asked to rate their satisfaction with the availability of services and the extent to which the services met their needs. Survey participants were also asked to identify populations in Kirkwood who were in particular need for behavioral health services.

Key Findings

Across the various stakeholder engagement efforts, community feedback pointed to several key needs and concerns. Despite these concerns, Alpine residents also provided positive feedback regarding ACBHS's implementation of MHSA programs and services. Results of the needs assessment identified five key areas of service strength and need: 1) Education and Outreach, 2) Alternative Recreational and Art-Based Activities, 3) Targeted Services and Interventions, 4) Workforce Education and Training, and 5) County-Wide Coordination.



Education and Outreach

Overall, Alpine residents reported increased awareness of MHSA programs and services as well as increased visibility of ACBHS presence in the community. In particular, stakeholders noted ACBHS' increased program outreach within the Hung-A-Lel-Ti Community. For instance, one stakeholder stated, "[ACBHS] has done an amazing job at grassroots activity and working with the community to improve relationships."

Nonetheless, the needs assessment revealed a need for more targeted education and outreach among the Bear Valley and Kirkwood communities. Due to these communities' geographic location, isolation is a significant factor shaping mental health issues in these two regions. While in general, stakeholders reported ACBHS has done a good job of reducing stigma around mental health and creating access to mental health services among residents in Markleeville, it seems that stigma is still prevalent among Bear Valley residents. Additionally, while community members recognized ACBHS' increased engagement with the Hung-A-Lel-Ti Community, further education and outreach with the community could be beneficial to continue building rapport and trust between Tribal members and Alpine residents. For instance, members of the Hung-A-Lel-Ti Community explained that despite advances in partnership between ACBHS and the Washoe Tribe, they were still reluctant to access mental health services in the Tribal Health Center as well as through ACBHS due to issues around privacy as well as current flux in the Leadership at the Tribal Health Center. While the Tribal Health Center is not run by ACBHS, this feedback indicates that some barriers remain among Hung-A-Lel-Ti Community members in accessing adequate mental health services.

Recreation-Based Preventative Programming

Community members indicated positive awareness of the diversity of recreational activities for Markleeville residents, particularly afterschool and summer activities for youth. However, stakeholders also expressed the need for more afterschool and summer activities for transitional-age youth (TAY) in Bear Valley and Kirkwood to combat the onset of depression and anxiety that seem to be prevalent in these regions. In the Kirkwood survey, about 53% of respondents indicated that TAY were in need of mental health services. Community members discussed factors contributing to depression and anxiety, including social isolation, a general lack of a sense of community, poverty and a lack of steady employment opportunities. Bear Valley and Kirkwood are ski resort communities with seasonal/highly transient adult population. About 80% of Kirkwood survey participants indicated that adults were in need of mental health services. Residents in both these regions expressed an interest in expanding ACBHS's yoga and chair exercise classes to their communities, organizing an annual Wellness Fair similar to the one held in Markleeville, as well as creating socialization activities such as a cooking class or community potluck on Sunday evenings that include a "health and wellness" presentation and discussion.



Targeted Services and Interventions

Community members responded well to the MHSA programs initiated in the past year, including Senior Socialization and Exercise and Combining Past and Present with the Hung-A-Lel-Ti Community. One resident noted, "There is a lot of [senior] socializing that goes on and for those of us who can be in isolation it really helps." Another resident from the Hung-A-Lel-Ti Community mentioned looking forward to Create the Good and recreational activities with Tribal youth. And while the establishment of a Wellness Center at the Gym in the Hung-A-Lel-Ti Community was seen as a positive contribution, residents recommended keeping the Center open longer as well as offering more recreational activities such as basketball and volleyball. As one resident stated, "Opening the Wellness Center longer and coming up with more activities for the kids [would be helpful]." The Wellness Center is no longer located at the Gym due to expansion and flooding issues in 2014. While the Gym is not operated by ACBHS, this feedback indicates that there is a desire for even more recreation-based wellness activities in the community. Overall, community input and service data indicates an increase in attendance as well as consistent participation across MHSA programs and services.

While community members' expressed overall satisfaction with MHSA programs, the needs assessment points to two key populations for more targeted services. These populations were TAY, particularly teens transitioning from high school to adulthood, and adults, particularly those with children ages 0–3. Additionally, stakeholders once again pointed to the need to expand services and clinical capacity within the Bear Valley and Kirkwood regions, particularly after business hours.

Workforce Education and Training

Community members reported increased awareness of one-on-one counseling and availability of the school-based mental health clinician. The continuation of a designated Native Wellness Advocate has strengthened the cultural competence of the County's MHSA programs and services. Overall, the needs assessment indicated Alpine residents' increased awareness and comfort with accessing mental health services. The introduction of a school-based mental health clinician provided further opportunities for early detection and intervention.

Nonetheless, stakeholders reported that further skill building of ACBHS' current workforce might be beneficial. Suggested trainings included motivational interviewing; co-occurring disorder treatment; and Screening, Brief Interventions, and Referral to Treatment (SBIRT). Additionally, several stakeholders suggested ACBHS provide trainings to partnering organizations through a train-the-trainer approach. As a potential PEI intervention, such a program could be particularly helpful in Bear Valley and Kirkwood given current resource constraints within the two regions.

County-Wide Coordination

Stakeholders reported having clear points of contact and regular communication with ACBHS staff, particularly between local service providers, Hung-A-Lel-Ti Community members, and school administrative staff. Given the need for more outreach and services in Kirkwood and Bear Valley, stakeholders also identified a need for increased communication and service coordination with



providers and agencies in these two regions. One key finding from the needs assessment pointed to the need for ACBHS to strengthen coordination and linkages between the school, home, and community. While the introduction of Positive Behavioral Interventions and Supports Program (PBIS) in 2013 and the proposed implementation of Primary Intervention Program (PIP) in FY 2015/16 has strengthened school-based interventions, community members expressed a strong need to expand these interventions to the home environment. A member of the Hung-A-Lel-Ti Community noted during the community work session that while it is important that schools implement PBIS and PIP, what happens to youth once they return home remains an issue.

III. Community Program Planning and Review

In addition to making opportunities for various ACBHS stakeholders to participate in the needs assessment, the MHSA Planning Team also provided opportunities for diverse ACBHS stakeholders to participate in the program planning and review process. These stakeholders included behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations as set forth by the MHSA CPP guidelines. The details of these opportunities are further described below.

Table 2. Community Participation in Strategy Development and Review

Activity	Date	Total Participants
<i>Community Work Session</i>	March 30, 2015	22
<i>30-Day Review Period</i>	April 13 – May 13	n/a
<i>Public Hearing</i>	May 18, 2015	9

Community Work Session

Following the conclusion of the Needs Assessment, RDA synthesized the results of stakeholder interviews, the focus group, open office hours discussions, the survey, and the program and service data analysis to identify key strengths and challenges in Alpine County's mental health services as experienced by a variety of stakeholders. Through this process, RDA also identified program and services needs and gaps. This information was then presented during a one-day community work session on March 30, 2015 held at the Wellness Center in the Hung-A-Lel-Ti Community. The work session was designed to discuss the results of the needs assessment and to identify strategies to address these needs and gaps and maximize resources.

The community work session was publicized via flyers posted at the Wellness Center, Behavioral Health Services offices, and other public locations throughout the county (including Health & Human Services, Post Office, Library and other business locations with exterior bulletin boards, totaling 12 different locations). The flyer was also sent via email to about 200 ACBHS stakeholders. The MHSA Coordinator and Native Wellness Advocate also conducted door-to-door outreach to inform community members of



the date, time, and location of the community work session. Twenty-two stakeholders attended the community work session.

The community work session provided an opportunity for participants to corroborate service gaps and needs from the needs assessment and expand this list based on their knowledge and experiences of mental health services in Alpine County. RDA facilitated a work session to brainstorm strategies that would help address these needs and gaps in which stakeholders were asked the following questions:

1. Of the existing MHSA programs, what programs or services are working well?
2. What changes would you make to existing programs to address the community's areas for growth (e.g., changes or modifications)?
3. What existing resources from the county or community-based organizations could be leveraged to make the changes identified above?
4. What new programs or strategies would need to be implemented (if any) to address the community's areas for growth?
5. Of the strategies you listed above, would any of them address other gaps? If so, please list the strategies and areas for growth.

The stakeholders agreed that ACBHS has made great strides to address the community's mental health needs and encouraged ACBHS to continue these efforts. In addition to this, the work session participants developed the following strategies, which primarily consisted of slight program modifications. These are summarized in Table 3.

Table 3: Programming Strategies by MHSA Component as Identified during Community Work Session

MHSA Component	Program Expansion or Modifications
CSS	<ul style="list-style-type: none">• Keep and expand all current programs• Increase outreach and engagement and educating community members about ACBHS programming and services
PEI	<ul style="list-style-type: none">• Keep and expand all current programs, including recreation and art-based activities• Expand Create the Good to provide targeted engagement opportunities for TAY and families• Promote a culture of inclusion through Create the Good activities, making explicit that PEI programs and services are open to all• Partner with Diamond Valley School to provide more transparency about Positive Behavior Intervention Support• Provide Mental Health First Aid Training for Community Members to increase awareness of services and reduce stigma against mental health
WET	<ul style="list-style-type: none">• Consider developing a WET plan to increase professional development, with specific focus on Washoe cultural competency• Consider developing a WET plan to train staff in evidence-based practices and screening (e.g., S-BIRT, motivational interviewing)
CFTN	<ul style="list-style-type: none">• Establish additional space for expanded/new services and ACBHS administrative offices (in progress)• Continue to implement and support an electronic health record system



INN

N/A – Alpine does not have an INN project nor does it currently have capacity to implement an INN project

Following the community work session, the MHSA Planning Team met to review the proposed strategies. The principle criteria in reviewing the proposed strategies were applicability to existing MHSA programs, ability to address service needs, resources required, and adherence to MHSA requirements. Ultimately, the planning team decided to incorporate most of the proposed strategies that adhered to these requirements into the MHSA Annual Update. ACBHS will consider developing a Workforce Education and Training (WET) plan in the near future.

Local Review Process

The Annual Update was publicly posted on the County website on April 21, 2015 and emailed to all CPP participants who provided email addresses. Additionally, a copy of the update was posted at the MHSA Wellness Center, in the reception area of Behavioral Health, Health and Human Services, Markleeville Post Office, and the County Administrative Offices. The plan was posted with a request for written feedback. The cover page included date, time and location of the Annual Update Public Hearing, hosted by the Mental Health Board.

The Mental Health Board held the a Public Hearing on May 18, 2015 to gather feedback. Public comments from this hearing were combined with those submitted throughout the 30-day public posting period and are summarized below.

Public Comments

Suggestions for Implementing Mental Health First Aid Training for Community Members

Residents' comments about implementation of the Mental Health First Aid Training for Community Members principally concerned strategies for enhancing community participation. Suggestions included holding the trainings during the slow season to focus on full-time residents during their down time, and allowing ample time for outreach in order to let people know about the trainings and encourage more community participation. Residents identified housekeeping staff in the resort regions as a key group to engage. ACBHS concurred with these recommendations and will incorporate them in its implementation of MHFA trainings.

Suggestions for Motherhood Support in Bear Valley

A community member raised the need for a motherhood support group in Bear Valley focused on helping new and young mothers transition to physically and mentally healthy motherhood and bond with their newborns. ACBHS is planning to address this need as they hire a Bear Valley MHSA Coordinator to facilitate outreach and engagement around this topic.

Suggestions for Outreach and Engagement



Community members, particularly from the Kirkwood region, suggested ACBHS expand its outreach efforts through social media. ACBHS agreed with this suggestion and intends to look into the logistics of developing greater online presence.

Other Comments

Remaining comments included submission of local business development proposals such as a Native cultural awareness activity, art and recreation proposals and a gardening program. While the public commenting period is not intended to solicit business proposals, ACBHS has acknowledged their transmission and will consider them at a later date. No other substantive comments were received during the public posting period nor during the Public Hearing.

Summary of Stakeholder Participation

Throughout February and March 2015, a total of 39 unique stakeholders participated in various needs assessment and CPP activities¹. Several stakeholders participated in more than one activity, and all who participated in needs assessment activities were also invited to participate in the CPP process. The MHSA Planning Committee was successful in engaging diverse stakeholders as set forth by MHSA CPP guidelines, including behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations. Participants were asked to complete anonymous demographic forms to self-identify their stakeholder affiliations; their responses are reported in Table 4.

Table 4. Participants' Self-Identified Stakeholder Group Affiliations

Affiliation	Count
Community Member	30
County Government Agency	10
Contracted Service Provider or Community-Based Organization	10
Consumer of Mental Health Services	9
Participant in Substance Abuse Prevention Programs	8
Education Agency	5
Family Member of Consumer of Mental Health Services	4
Committee Member	5
Family Member of Participant in Substance Abuse Treatment	3 or fewer
Social Service Agency	3 or fewer
Participant in Substance Abuse Treatment Programs	3 or fewer
Law Enforcement	3 or fewer

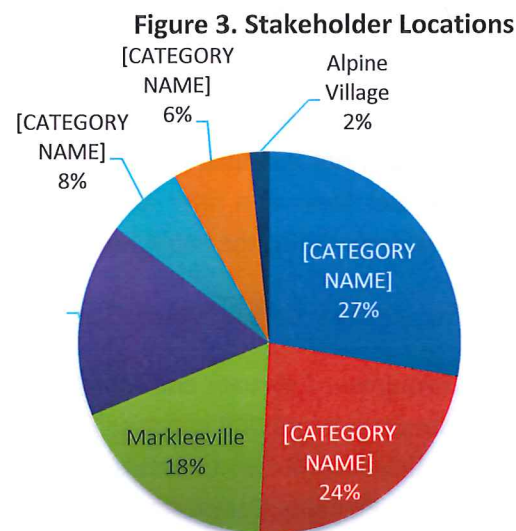
¹ Total participation was tallied based on sign-in sheets. It is possible that some participants did not sign in at all events.



Medical or Health Care Organization	3 or fewer
Other	7

In response to past findings that stakeholders in Bear Valley and Kirkwood felt geographically isolated from ACBHS programs and services, the MHSA Planning Committee made a concerted effort to include members of these communities in the needs assessment and CPP processes. As a result of this effort, nearly half (42%) of the participants were composed of those who lived in Bear Valley or Kirkwood².

In addition, the participants represented a diverse age range (9% TAY, 68% adults, and 23% older adults); 76% of the participants identified as female while 24% identified as male; and 86% of participants identified as White/Caucasian, while 9% identified as American Indian/Native American, and 5% identified as multi-racial.



IV. MHSA Project Overviews and Plan Modifications

This document is a year-end report of all Alpine County MHSA projects implemented during FY 2013/14. Data for this report is self-reported by the agency/organization responsible for implementation. This report also describes proposed activities, project modifications, and project budgets for FY 2014/15.

This report will provide FY 2013/14 program and service updates for the following programs:

Component	Program
CSS	Outreach and Engagement
	Full Service Partnerships
	Field Capable Clinical Services
	Wellness Center(s)
	Senior Socialization and Exercise Program
PEI	Wellness Center Prevention Programs
	Positive Behavior Intervention Supports

² Due to the anonymous nature of the demographic forms collected throughout the needs assessment and community program planning processes, demographic figures may include duplicated individuals. The MHSA Planning Committee recorded 39 uniquely identified participants and received 61 completed demographic forms.



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CFTN	School-Based Mental Health Clinician and Play Therapy
	Parenting Support Workshops
	Capital Facilities Development
	Electronic Health Record Implementation

In July 2014, ACBHS implemented their Three-Year MHSA Programming and Expenditure Plan for Fiscal Years 2014–2017, which re-aligned, removed, and introduced programming. This resulted in a program structure that is different from the one implemented in FY 2013/14. Therefore, the FY 2015/16 programming and service projections in this report will follow this newer structure:

Component	Program
CSS	Outreach and Engagement
	Full Service Partnerships
	Field Capable Clinical Services
	School-Based Mental Health Clinician
	Play Therapy
PEI	Senior Socialization and Exercise
	Positive Behavior Intervention Supports
	Create the Good
	Combining Past and Present
	Wellness Projects
	School-Based Primary Intervention Program
CFTN	Capital Facilities Development
	Electronic Health Record Implementation

Additionally, as a result of community input and a successful first session in March 2015, ACBHS proposes the addition of two new PEI program: Mental Health First Aid Training for Community Members and Suicide Prevention Program.

Community Services and Supports (CSS)

Outreach and Engagement

FY 2013/14 Status

ACBHS met its Outreach and Engagement objectives in FY 2013/14.

Program Description

Outreach and Engagement activities focus on identification, education, and support of individuals in need of mental health services. Outreach and Engagement activities also seek to reduce barriers to participation in behavioral health services and programs.



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The objectives of Outreach and Engagement are to:

- Identify individuals in need of services and supports and link them to existing services at Behavioral Health, Wellness Centers, and other service delivery locations
- Reduce stigma through education about mental illness and psychological wellness
- Educate community members about available services and supports
- Improve relations between providers, overlapping jurisdictions, and different cultures and communities
- Reduce barriers to participation in Behavioral Health services

Populations Served in FY 2013/14

During FY 2013/14, ACBHS conducted Outreach and Engagement activities that reached 105 unique individuals. Of those reached, nearly half (49%) were adults, about a quarter (25%) were children/youth, 15% were TAY, and 11% were older adults. The per-person cost for ACBHS to run this program in FY 2013/14 was \$218.

Key Activities in FY 2013/14

Outreach and engagement efforts aimed to increase the community's awareness of the County's mental health services as well as reduce stigma around mental health issues and access to mental health services. Outreach and Engagement was conducted through a range of community and cultural programs, focusing on community members of all ages, many of which were also PEI programs generally open to all community members. These included: Create the Good weekly meal, bi-monthly Family Movie Night, monthly 50+ potlucks, monthly Elders' Luncheon targeted at engaging Native residents, two large community gatherings to gather input from people regarding future programs, and two youth and family targeted social activities (e.g., Halloween Bash and '80s-themed party). To promote the various activities, the MHSA Program Specialist and Native Wellness Advocate distributed flyers at 12 key locations and sent monthly email newsletters with a calendar of upcoming events and details.

Additionally, twice weekly yoga classes in Bear Valley and Kirkwood have been well attended and served as a great opportunity to both educate Bear Valley residents about ACBHS programs and services and to garner their feedback on service experience.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – All Outreach and Engagement activities incorporated the principles of wellness, recovery, and resiliency by increasing community knowledge of available behavioral health services and engaging individuals and families in community-based activities and events.
- **Consumer/Family-Driven Services** – Outreach and Engagement activities served to inform community members of available services and improve communication between BHS staff and consumers. Additionally, most programs were conceived by the public and implemented by ACBHS.





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- **Cultural Competency** – Outreach and Engagement activities were conducted in partnership with the Hung-A-Lel-Ti Community and with an understanding of cultural differences within the community. Staff actively encouraged participation in local activities and services by community members of all cultures.
- **Community Involvement** – Community members of all ages were invited to attend events and participate in activities.
- **Integrated Service Delivery** – Whenever possible and appropriate, BHS staff worked with other agencies to provide educational resources and offer support to individuals in need of behavioral health services. Local agencies, such as Native TANF, Live Violence Free, and Tahoe Youth & Family Services, attended community events and presented on topics of interest to the community.

Key Successes

ACBHS' outreach and engagement activities were met with strong participation. Events were held at the Wellness Center, a central and popular place for gathering the County's diverse stakeholders. Needs assessment participants reported increased visibility of ACBHS and positive engagement within the community. A key success was the County's increased outreach with the Hung-A-Lel-Ti Community.

Barriers or Challenges

A primary barrier for the outreach and engagement program was transportation. The transport vehicle had limited capacity. To address this barrier, ACBHS acquired a larger vehicle in FY 2014/15 that could accommodate up to seven individuals. ACBHS also partnered with the community-based organization, Woodford Recreation, to increase transportation capacity for certain engagements.

FY 2013/14 Partners

Outreach and Engagement activities were primarily conducted by ACBHS staff, however, in FY 2013/14, Woodford's Washoe Recreation Department assisted by providing community members with additional transportation to events.

Fiscal Year 2015/16 Planned Activities and Modifications

ACBHS staff will continue to conduct outreach to Alpine residents, providing a wide range of engagement activities as well as facilitating transportation for residents in remote areas of the county when feasible. ACBHS will continue efforts to reach geographically-isolated Alpine residents, particularly through concerted outreach efforts in Kirkwood and Bear Valley. For example, ACBHS is hiring for a part-time MHSA Program Specialist to be based in Bear Valley to address outreach and engagement barriers for potential clients in that area. In addition, ACBHS will continue to hold yoga classes two times a week in Kirkwood and Bear Valley.

In addition to continuing existing outreach and engagement activities, ACBHS staff will improve communications about behavioral health services and programming, such as updating the ACBHS



website, calendar and brochures. Staff will also distribute programming calendars earlier, providing residents with more advance notice of program offerings, and will continue to distribute door-to-door event reminders.

Additionally, as the 50+ potlucks and Elders' Luncheons have successfully engaged the outreach audience and has grown to serve as a preventative service, ACBHS will be moving these activities to the Senior Exercise and Socialization program under the PEI component in FY 2015/16.

Finally, ACBHS will track outreach and engagement efforts moving forward as a means of program evaluation. This will include tracking when events are held, how many people were reached, and how many people subsequently participated in MHSA services.

Full Service Partnerships

FY 2013/14 Status

Implemented with progress made to achieve its objectives.

Program Description

The Full Service Partnerships (FSP) program is designed to expand mental health services and supports to residents of all ages who have severe mental illness (SMI) or identified as severe emotional disturbance (SED) and assist these residents in achieving their goals. ACBHS staff members also serve as active partners in County Multi-Disciplinary Teams in order to increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning. A team composed of ACBHS clinical staff offers strength-based, client/family-directed, individualized mental health and wrap-around services, and supportive funding to:

- *Children and Youth* with serious emotional disturbances (SED) who have experienced school disciplinary problems or academic failure, are in or are at risk of out-of-home placement, or are at risk of involvement in juvenile justice.
- *Transitional-Age Youth* with SED who are at risk of or have juvenile justice involvement, co-occurring disorders, risk of homelessness or involuntary hospitalization, or institutionalization.
- *Adults* with SMI who are homeless or at risk of homelessness, have co-occurring substance use disorders, are involved in the criminal justice system, or have had frequent hospitalizations or use of emergency room services for psychiatric problems.
- *Older Adults* with SMI who are homeless or at risk of homelessness, are frequent users of emergency psychiatric services or hospitalizations, have reduced functioning due to health problems, or are isolated or at risk of suicide.



Populations Served in FY 2013/14

During FY 2013/14, the FSP program provided eight individuals with the highest level of care through individualized and coordinated behavioral health services. The per-person cost for ACBHS to run this program in FY 2013/14 was \$3,540.

Key Activities in FY 2013/14

Key activities for FY 2013/14 included providing higher level of care and support for the eight stakeholders with SMI/SED. This higher level of care included strengthening wrap-around services for clients, providing access to case management and psychiatry as well as a continuum of services across the county. Service providers conducted comprehensive assessments, including mental health, social, physical health, and substance abuse trauma assessments, which were strength-based, and focused on client/family member engagement.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The FSP program emphasized wellness, recovery, and resiliency by supporting individuals in obtaining coordinated, individualized care, and by providing funding to support their care and wellbeing. Coordinated care also promoted cross-disciplinary learning, which ultimately improved consumer care and wellbeing.
- **Consumer/Family-Driven Services** – Coordinated service delivery minimized the time and energy consumers spent navigating the mental health system. It also optimized consumer experience by promoting cross-disciplinary learning and, as a result, improved consumer care.
- **Cultural Competency** – FSP staff members are continually expanding their knowledge of culturally-competent evidenced-based practices to better meet the diverse needs of Alpine County residents. Staff have attended cultural competency trainings held by the Washoe Tribe, and have also worked to address geographic isolation by bringing services to clients where they are, such as in the home environment.
- **Community Involvement** – Coordinated care for FSPs involved coordination and cooperation among diverse service providers and community members.
- **Integrated Service Delivery** – The FSP program utilized all available resources and opportunities to support consumers in addressing their psychosocial and behavioral health needs, including partnering with other agencies when appropriate.

Key Successes

Service providers worked closely with FSP clients to break down barriers to service access through a variety of engagement strategies, including providing services outside of the ACBHS office and offering clients transportation to and from appointments when available and appropriate. The FSP program was strengthened by providing referrals and navigation support for substance abuse treatment services when needed. In an effort to provide overall wellness and recovery, the FSP program also promoted healthy living and nutrition education and pro-social activities (e.g., creative or artistic expression as



related to self-care), assisted interested clients in finding employment and volunteer experiences to enhance their lives in the community, and offered resources and information on skills for daily living.

Barriers or Challenges

While transportation issues have been addressed for consumers living closer to ACBHS through the purchase of a larger van, transportation remains a barrier for FSP clients living in more remote regions of the county. ACBHS has hired a driver, and continues to partner with Alpine Dial-A-Ride, to provide transportation for clients to meet their schedules. Additionally, ACBHS is continuing to work on transportation issues for residents living in more isolated areas, particularly Bear Valley and Kirkwood, possibly by increasing the driver position from half-time to full-time. Housing options for residents with SMI/SED remain limited. ACBHS will continue to work on addressing the housing needs of residents with SMI/SED.

Additionally, given the relatively small population size of Alpine community, lack of anonymity combined with stigma around mental health issues and accessing services can serve as a barrier to participation for some individuals. To address clients' anxiety regarding anonymity, FSP staff members continue to make a concerted effort to build trust with clients and ensure the delivery of consumer driven services. This includes home and community-based services that provide clients with the services they need in an environment that is welcoming, inclusive, and convenient for them.

FY 2013/14 Partners

ACBHS used Alpine County Dial-A-Ride, funded by Health and Human Services, to provide participants with transportation.

Fiscal Year 2015/16 Planned Activities and Modifications

The FSP program will continue to provide and expand mental health services and supports to SMI/SED residents of all ages, and to assist these residents in achieving their goals. ACBHS staff will continue to serve as active partners on County Multi-Disciplinary Teams in order to increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning.

Field Capable Clinical Services

FY 2013/14 Status

Implemented with progress made to achieve its objectives.

Program Description

As part of general systems development in FY 2010/11, ACBHS began extending clinical services to schools, homes, and community locations throughout the county. The FCCS program increases behavioral health services utilization rates, supports isolated and homebound individuals, and increases behavioral health collaboration with the Hung-A-Lel-Ti Community through these in-field services. The



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FCCS program ensures that therapeutic support and case management can be provided where the client feels most comfortable in the community.

The objectives for FCCS are to:

- Increase access to behavioral health services within Alpine County
- Support individuals who live in isolated communities, who are homebound, or who prefer to receive services in private settings
- Increase behavioral health coordination with the Hung-A-Lel-Ti Community and continue to build community-wide trust

Populations Served in FY 2013/14

The FCCS program served 21 individuals, about half of whom were youth (47%), a third were adults (33%), 19% were TAY, 19% were older adults, and another 19% were families. The per-person cost for ACBHS to run this program in FY 2013/14 was \$5,770.

Key Activities in FY 2013/14

ACBHS expanded its provision of mental health services in a variety of non-clinical environments, including residents' homes, the Early Learning Center, and Diamond Valley School. This expansion was well-received among Alpine residents. In addition, ACBHS increased clients' access to services in isolated communities, particularly in Kirkwood and Bear Valley.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The FCCS program directly addressed wellness, recovery, and resiliency by increasing behavioral health services utilization rates throughout the county. The program increased rates by providing services to homebound and isolated individuals, as well as to individuals who were less comfortable seeking services in a formal office setting. Home-based services also allowed for unique insight into the consumers' social and physical environment, assisting with provision of individualized services.
- **Consumer/Family-Driven Services** – The FCCS program was developed to address, and continues to be driven by, the mobility needs of consumers lacking transportation options, including homebound consumers or those preferring to receive services from the comfort of their homes.
- **Cultural Competency** – All clinical staff members continued to expand their knowledge of the County's culture, including Native American culture and traditions and the history of social services within the county. The staff treated all consumers with respect and understanding. Staff also traveled to consumer homes throughout the county, which fostered trust between clinicians and consumers, and provided opportunities for additional cultural understanding within the context of service delivery.
- **Community Involvement** – Consumers' family members were often involved in service delivery where such delivery occurred in the home. Clinical staff also had diverse opportunities for



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community interaction and involvement as they travelled throughout the community to provide services.

- **Integrated Service Delivery** – The FCCS program partners with other agencies whenever possible and appropriate to improve field-based service delivery to Alpine County consumers.

Key Successes

Through targeted outreach and engagement services as well as expansion of the FCCS program to isolated regions, ACBHS increased access to behavioral health services in Kirkwood. As a result, the number of clients served in Kirkwood increased as well.

Barriers or Challenges

The Bear Valley region is located in the farthest Southwest region of the county. Surrounded by mountains and forests, the region is isolated from the rest of the county, especially during the winter season when roads are often blocked off due to harsh weather conditions. As a result, it is difficult to provide wraparound services to residents of Bear Valley. Most services, including telepsychiatry, are located in Markleeville, which is a four-hour drive in the winter when the mountain pass is closed.

FY 2013/14 Partners

ACBHS did not partner with any other agencies during FY 2013/14.

Fiscal Year 2015/16 Planned Activities and Modifications

ACBHS will continue to provide behavioral health services in community settings, including schools and other locations throughout the county. ACBHS anticipates a 10% increase and will expand FCCS to reach individuals with SMI/SED living in Kirkwood and Bear Valley. Specifically, ACBHS will work to increase outreach and engagement efforts among those residents in the Bear Valley region, such as seasonal and temporary employees living in the county during the winter ski season.

School-Based Mental Health Clinician

FY 2013/14 Status

In FY 2013/14, services involving the School-Based Mental Health Clinician were combined with Play Therapy. In addition, services provided by the School-Based Mental Health Clinician were also included as part of the PEI program, as a proportion of the clinician's services were intended to screen youth for early interventions. However, based on community needs, ACBHS moved the School-Based Mental Health Clinician to CSS as an independent general systems development program in its MHSA Three-Year Program and Expenditure Plan for FY 2014–2017.

Program Description

A school-based mental health clinician assisted with early detection and intervention for students struggling with personal, academic, and mental and emotional health issues, all within the low-threat





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school setting. The clinician also provided referrals and linkages to other resources as needed and engaged in family or group counseling when appropriate.

The Play Therapy component of this program was designed to deliver clinical services to children in a therapeutic milieu setting with the goals to help children decrease anxiety, increase confidence, make healthier choices, and decrease behavior issues through the expression of play. Play Therapy was intended as an ad-hoc program to be applied as necessary.

Populations Served in FY2013/14

The School-Based Mental Health Clinician served a total of seven unique individuals, all of whom were youth. The per-person cost for ACBHS to run this program in FY 2013/14 was \$5,935.

Key Activities in FY 2013/14

During FY 2013/14, a mental health clinician conducted school-based assessments of youth and was assigned to student cases. Through on-site assessments, the clinician was able to evaluate youth in the school setting and coordinate services with the school psychologist and school administration.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – By imbedding behavioral health services into the school environment, the staff clinician was able to assess and address youth wellness, recovery, and resiliency in an effective manner. The clinician was also able to provide mental health services to youth and support student wellness and resiliency on an ongoing basis.
- **Consumer/Family-Driven Services** –The placement of the Mental Health Services Clinician in the school environment led to a more seamless referral and paper process, not only improving delivery of behavioral health services, but also improving and simplifying the administrative process for consumers and parents.
- **Cultural Competency** – The Mental Health Services Clinician demonstrated understanding for cultural traditions and incorporated this understanding into service delivery.
- **Community Involvement** – This project was implemented through a partnership with the school district and school, and is designed to provide access to services in community-based settings.
- **Integrated Service Delivery** – The School-Based Mental Health Clinician was directly integrated into the school environment. This allowed for school-based assessments of youth, as well as cooperation between ACBHS staff and school staff.

Key Successes

ACBHS increased TAY services to a total of 18 individuals. Moreover, the availability of a mental health clinician to provide services at school allowed for greater incorporation of behavior health services and enhanced referral process. A school based mental health clinician also increased opportunities for prevention and early intervention assessments.



Barriers or Challenges

A key challenge for the school-based mental health clinician was the absence of a designated therapeutic space to serve students and families resulting in issues around client privacy. In addition, because the school did not have a multi-disciplinary team to coordinate care, there was difficulty in providing wraparound services and referrals. In FY 2014/15, ACBHS helped to fund and set up a play room at the school as a designated therapeutic space to conduct more directed therapy. This room will be used exclusively by ACBHS and Tahoe Youth & Family Services to serve both the Play Therapy and Primary Intervention Programs. In addition, a play therapy space was rented and set up by ACBHS to accommodate children and families. There are now three established locations for providing clinical services to children.

FY 2013/14 Partners

To ensure implementation of the school-based mental health clinician program, ACBHS partners with the school counselor, psychologist, special needs teacher, and school administration to facilitate service coordination and seamless linkage to appropriate resources.

Fiscal Year 2015/16 Planned Activities and Modifications

In accordance with the County's MHSA Three-Year Program and Expenditure Plan for FY 2014–2017, the School Based Mental Health Clinician program was implemented as a standalone program in FY 2014/15, separate from Play Therapy. ACBHS plans to maintain this structure FY 2015/16. In addition, now that ACBHS has acquired a designated office in the school to conduct therapy, ACBHS anticipates a 10% increase in service usage students and families since they will have increased access to mental health services and assessments.

Play Therapy

FY 2013/14 Status

In FY 2013/14, Play Therapy was combined with services provided by the School-Based Mental Health Clinician as a PEI service, intended as an ad-hoc activity to the key activities of the School-Based Mental Health Clinician. However, based on community needs, ACBHS moved Play Therapy to CSS as an independent general systems development program in its MHSA Three-Year Program and Expenditure Plan for FY 2014–2017.

Program Description

Play Therapy is designed to deliver clinical services to children in a low-stakes environment with the goals to help children decrease anxiety, increase confidence, make healthier choices, and decrease behavior issues through the expression of play.



Populations Served in FY 2013/14

See combined service numbers in *School-Based Mental Health Clinician* section above.

Key Activities in FY 2013/14

See combined key activities in *School-Based Mental Health Clinician* section above.

MHSA Principles Addressed

See combined MHSA principles addressed in *School-Based Mental Health Clinician* section above.

Key Successes

See combined key successes in *School-Based Mental Health Clinician* section above.

Barriers or Challenges

See combined barrier or challenges in *School-Based Mental Health Clinician* section above.

FY 2013/14 Partners

See combined partners in *School-Based Mental Health Clinician* section above.

Fiscal Year 2015/16 Planned Activities and Modifications

In accordance with the County's MHSA Three-Year Program and Expenditure Plan for FY 2014–2017, Play Therapy was implemented as a standalone program in FY 2014/15. ACBHS plans to maintain this structure FY 2015/16, anticipating a 10% increase in service usage by families.

Wellness Center(s)

FY 2013/14 Status

In FY 2013/14, one Wellness Center was implemented with progress made to achieve its objectives while the planned second Wellness Center was not implemented. Further, based on stakeholders' needs and usage, the Wellness Center fell more appropriately under PEI services. As such, the Wellness Center was restructured and recategorized in FY 2014/15.

Program Description

In FY 2013/14, the Wellness Center served as a CSS outreach and engagement strategy. In addition to Field Capable Clinical Service being provided at this location on Tribal land, the Wellness Center was also open to all community members. Wellness Center activities focused on increasing the community's knowledge of health and mental health-related issues, encouraging participation in wellness-related group activities, and improving community members' overall functioning and sense of well-being. The Wellness Center provided a safe, welcoming, and stigma-free environment that is responsive to the needs and interests of all community members. The Center also served as a site for provision and



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integration of many CSS and PEI activities, services, and events. As such, information provided in this section (e.g., populations served) has significant overlap with the Wellness Center Prevention Programs described in the PEI component below.

The ongoing objectives for the Wellness Center are to:

- Increase activities at the local library and the Woodfords Indian Education Center by one service day per week
- Maintain a fully staffed Wellness Center
- Continue to increase and integrate PEI and CSS services and activities to provide a seamless continuum of services
- Continue outreach work to inform the community about Wellness Center activities and available transportation services
- Continue to increase interactions between Washoe Tribe members and other Alpine County residents through provision of community-oriented activities
- Maintain the Wellness Center as a safe, welcoming, responsive and stigma-free environment
- Implement additional Wellness Center services to include substance abuse support and suicide prevention services

Populations Served in FY2013/14

The Wellness Center served a total of 172 unique individuals across the life span, half of whom were youth (51%), a third were adults (36%), 8% were older adults, and 5% were TAY. The per-person cost for ACBHS to run this program in FY 2013/14 was \$121.

Key Activities in FY 2013/14

In addition to placing a clinician at the Wellness Center to provide FCCS, ACBHS provided an array of youth and teen-focused prevention activities to promote overall health and well-being and an overall sense of community through the Wellness Center. These activities included literary (e.g., summer reading program) as well as arts and crafts activities for children and teenagers during school break, school beach days (all ages) and various sports and recreational activities (e.g., hiking and swimming). ACBHS organized several youth cultural programs such as Campfire Tales and Remembering Washoe. For parents, ACBHS initiated the Fathers' Wellness Project to promote healthy father-children relationship-building.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The principles of wellness, recovery, and resiliency drive all Wellness Center activities. Community gatherings, discussions, and activities support both community and individual well-being and strength. In addition, these activities provide a forum for group discussions and peer support in an open and welcoming environment.



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- **Consumer/Family-Driven Services** – Wellness Center activities are driven by community interests and input and include a wide variety of activities in order to meet the needs of youth, elders, and families within the community.
- **Cultural Competency** – Wellness Center staff strive to engage both the Washoe Tribe and other residents of the community through community-oriented activities. Several activities emphasize Native traditions, including cultural crafts such as basket making, beading, and drum making. Other activities have been particularly successful at attracting and engaging both Native and non-Native community members, including Create the Good, yoga classes, chair exercise classes, and senior aquatics.
- **Community Involvement** – Wellness Center activities respond to community interests and input, and BHS staff members encourage community involvement in both planning and participation. Create the Good and 50+ Club also provide forums for community members to present on topics related to health and wellness.
- **Integrated Service Delivery** – The Wellness Center offers a physical space for integration of CSS and PEI activities and services. The broad range of activities provided through the Wellness Center also incorporate diverse community organizations and individuals through public presentations, workshops, and community events.

Key Successes

A key success was the high participation rate among Alpine County youth and teens. The more successful programs ended up becoming standalone activities.

Barriers or Challenges

Transportation was a challenge to the Wellness Center programs. To address this barrier, ACBHS acquired a larger vehicle that can fit up to seven individuals (prior vehicle could only transport a maximum of four individuals).

Additionally, at the time of implementation, ACBHS was understaffed and its leadership team was in transition. As a result, there was an absence of a network to foster collaboration, promote communication, and coordinate activities with partnering agencies. ACBHS has strengthened Department's leadership and administrative team by hiring a new director of Behavioral Health Services as well as additional staff. It is in the process of hiring additional program staff. ACBHS also established a regular monthly interagency meeting to strengthen service coordination and communication.

Finally, given the small population size of Alpine County, there is stigma associated with people accessing mental health services. Moreover there is a lack of awareness of ACBHS's mental health services, particularly in the more isolated regions of the county. To reduce stigma associated with mental health and accessing mental health services, ACBHS staff went door-to-door to inform people of Wellness Center program events. ACBHS also closely partnered with the Woodfords Indian Education Center and Recreation Department to make sure all calendar events were coordinated and sent out at the same time.



FY 2013/14 Partners

The Wellness Center Program partnered with Choices for Children, Diamond Valley School, Diamond Valley Schools Parents' Club, First 5 Alpine County, Grover's Hot Springs State Park, Live Violence Free, Markleeville Library, Tahoe Youth & Family Services, Washoe Tribe Language Program, WIEC Woodford's Indian Education Center, Woodfords Recreation, and Native TANF – Alpine.

Fiscal Year 2015/16 Planned Activities and Modifications

In an effort to further define programming provided through the Wellness Center and to better meet the community's expressed needs, in its MHSA Three-Year Program and Expenditure Plan for FY 2014-2017, ACBHS dissolved the Wellness Center as a CSS program and restructured it into three separate PEI programs discussed below: Create the Good, Combining Past and Present, and Wellness Projects.

Additionally, ACBHS initiated talks to open a second Wellness Center in FY 2012/13. However, plans were temporarily postponed in FY 2013/14 and efforts were redirected in the County's MHSA Three-Year Program and Expenditure Plan for FY 2014–2017 (see *Capital Facilities and Technology Needs* section below).

Senior Socialization and Exercise Program

FY 2013/14 Status

Implemented and achieved all objectives.

Program Description

The Senior Socialization and Exercise Program focuses on improving the healthy attitudes, beliefs, skills and lifestyles of older adults in Alpine County; reducing stigma associated with seeking behavioral health services; reducing isolation, depression, fear, anxiety, and loneliness among seniors; and increasing referrals to and knowledge about supportive services.

The objectives for the Senior Socialization and Exercise Program are to:

- Increase the health and wellness of older adults within the community
- Provide meaningful activity for older adults
- Inspire hope among older adults
- Increase community cohesion, trust, respect, appreciation, knowledge of cultural diversity, mutual aid, and local pride
- Increase Alpine County's older adults' knowledge of available supports and services
- Increase social skills and resiliency of older adults
- Increase referrals to ACBHS and other supportive services
- Improve healthy attitudes, beliefs, skills, and lifestyles
- Reduce stigma associated with seeking behavioral health services or peer support
- Reduce isolation, depression, fear, anxiety, loneliness, and suicidal thoughts among older adults



MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The Senior Socialization and Exercise Program supported the emotional and physical wellness, ongoing health and recovery, as well as resiliency of local seniors. Activities provided seniors occasions to leave the house and opportunities to engage with others in group discussions, social activities, and physical fitness classes.
- **Consumer/Family-Driven Services** – Stakeholders identified senior outreach and engagement as a particular priority within the community. Senior Socialization and Exercise Program Activities responded directly to this need, providing seniors with opportunities to socialize with each other as well as with the larger community.
- **Cultural Competency** – Senior Socialization and Exercise Programs actively sought to include and engage seniors from all cultures.
- **Community Involvement** – Activities offered through the Senior Socialization and Exercise Program were highly attended. The yoga classes and chair exercise classes were especially popular among older adults.
- **Integrated Service Delivery** – Senior Socialization and Exercise Program activities were conducted in coordination with other ACBHS programs. Program staff worked to engage and support older adults with behavioral health needs through the socialization and exercise activities, and through partnerships with other agencies where feasible and appropriate.

Populations Served in FY2013/14

The Senior Socialization program served a total of 132 unique individuals. The majority of those served were older adults (60%); however, the program was also popular among adults (40%). The per-person cost for ACBHS to run this program in FY 2013/14 was \$103.

Key Activities in FY 2013/14

The key activities that comprised the Senior Socialization and Exercise Program included a weekly Senior Soak at Grover Hot Springs, Chair exercise and yoga stretches 2 days/week, an Elders' Luncheon, and 50+ Potlucks.

Key Successes

A key success of the program is its ability to maintain a steady and consistent participation rate. The Senior Soak continues to draw a large crowd. Additionally, ACBHS took on a more active role in the 50+ Potluck and Elders' Luncheon. As a result, attendance at both was very strong with over 50 participants. The luncheons provide an opportunity for elder members of the community to go to different parts of the county and local area, helping them re-establish Native and non-Native relationships. To ensure continuous and ongoing engagement, these activities alternated with other socialization activities such as arts and crafts and bingo during the luncheons.

Barriers or Challenges



At the time of implementation, the program was understaffed, resulting in limited outreach and engagement. ACBHS has since hired a new Behavioral Health Director and program staff.

FY 2013/14 Partners

The Senior Socialization and Exercise Program partnered with Grover Hot Springs State Park, Stress Busters, the 50+ Club, Woodfords Washoe Community Council (WWCC), the Woodfords Indian Education Center and the WWCC Recreation Department.

Fiscal Year 2015/16 Planned Activities and Modifications

This program was originally housed under the CSS component. However, as the program provided more preventive services, ACBHS moved the program to the PEI component in Alpine County's MHSA Three-Year Program and Expenditure Plan for FY 2014-2017.

As a PEI program, the Senior Socialization and Exercise program will continue to serve Alpine County seniors through the provision of socialization and exercise activities. ACBHS will also expand the program by moving the 50+ Potluck and Elders' Luncheon into the Senior Socialization Programs. Additionally, during the Community Program Planning process for the County's MHSA Three-Year Program and Expenditure Plan in 2013, community members expressed an interest in further increasing services to seniors within Alpine County.

Prevention and Early Intervention

Wellness Center Prevention Programs

FY 2013/14 Status

Implemented with progress made to achieve its objectives.

Program Description

In addition to the CSS programs, the Wellness Center houses prevention programs focused on engaging youth and teens in positive peer interactions and diverting them from unsafe activities, particularly while they were out of school for holiday breaks, including winter, spring, and summer vacation. These programs also allow youth and teens to interact with peers, providing an opportunity to strengthen their social-emotional skills. Wellness Center Prevention programs were designed to engage all age groups. In line with MHSA's commitment to move the mental health system toward a help-first instead of a fail-first strategy, these programs sought to prevent mental illness from becoming severe through the incorporation of established best practices.



MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The Wellness Center Prevention Programs addressed the principle of wellness, recovery, and resiliency by providing a space for children and teens to engage in positive and healthy activities and to learn how to cope with stressors and make healthy choices.
- **Consumer/Family-Driven Services** – Wellness Center Prevention Program activities were established based on community input and responded directly to the needs of local youth and families.
- **Cultural Competency** – All activities provided for youth and teens were targeted to be age appropriate. Both Native and non-Native youth participated in Wellness Center Prevention Programs. Additionally, the Native Wellness Advocate provided services for many Prevention Program activities with special attention to local culture and needs.
- **Community Involvement** – Community members were closely involved in the planning and implementation of Wellness Center Prevention Program activities. Stakeholders provided input regarding needs for youth and teen programming, and several community members participated in the delivery of services.
- **Integrated Service Delivery** – The Wellness Center worked with several partners to provide preventative services to youth and teens in Alpine County. These partners included Native TANF-Alpine, Tahoe Youth & Family Services, Live Violence Free, the WWCC Recreation Department and the Woodfords Indian Education Center.

Key Activities in FY 2013/14

See combined key activities in *Wellness Center(s)* section above.

Populations Served in FY 2013/14

See combined populations served in *Wellness Center(s)* section above.

Key Successes

See combined key successes in *Wellness Center(s)* section above.

Barriers or Challenges

See combined barrier or challenges in *Wellness Center(s)* section above.

FY 2013/14 Partners

See combined partners in *Wellness Center(s)* section above.

Fiscal Year 2015/16 Planned Activities and Modifications

Based on the community's expressed feedback and needs, Wellness Center Prevention Programs were restructured during the development of Alpine County's MHSA Three-Year Program and Expenditure



Plan for FY 2014–2017 into three separate PEI programs. These new programs are described in a separate section below as Create the Good, Combining Past and Present, and Wellness Projects (see *Programs Initiated in FY 2014/15*).

Positive Behavioral Interventions and Supports Program (PBIS)

FY 2013/14 Status

Implemented with progress made to achieve its objectives.

Program Description

PBIS is an evidenced-based approach to student social-emotional support and behavioral management that takes place in the school setting. The approach includes systemic and individualized strategies to achieve learning and social-emotional outcomes at both the individual and the school-wide levels, while preventing problem behaviors and emotional stress as well as increasing academic achievement. PBIS programs have been shown to effectively reduce disciplinary referrals within schools and reduce the number of out-of-school student suspensions. This is achieved by partnering with schools, families, and communities to provide a continuum of positive behavior supports that focus on designing effective and positive environments for youth to promote desired behaviors.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The PBIS program addressed the principle of wellness, recovery, and resiliency by focusing on responsible behavior, problem solving, connecting students with adults at the school, and emphasizing prevention of bullying. Staff noted that PBIS program participants engaged in more positive and helpful behavior and fewer discipline referrals for bullying.
- **Consumer/Family-Driven Services** – The PBIS program responded directly to a community need, addressing bullying among upper grade students, and providing those students with the opportunity to develop presentation and mentoring skills when working with lower grade students. Warrior Hawk meetings are also student-driven, allowing students to address topics of their own choosing based on perceived needs.
- **Cultural Competency** – PBIS Warrior Hawk meetings provided an opportunity for students of all cultures, including both Native and non-Native students, to work together, share diverse experiences and ideas, and build trust and mutual understanding.
- **Community Involvement** – The PBIS program requires involvement from both ACBHS and school stakeholders, including administrators, teachers, parents, and students to provide a fuller spectrum of behavioral health and school climate management strategies.
- **Integrated Service Delivery** – The PBIS program planned to form connections with the Wellness Center so that youth involved with the PBIS program may attend Wellness Center activities and lead anti-bullying presentations at the Wellness Center. This has not yet occurred, however, the



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school-based PBIS coordinator has made efforts to initiate service integration, including presenting the PBIS purpose and approach at Create the Good luncheons.

Key Activities in FY 2013/14

Key PBIS activities included four staff trainings on PBIS throughout the school year; ongoing staff and administrative team meetings; participation in several webinars, including a School-wide Information System data collection webinar and a PBIS support webinar training for staff; several school events, such as PBIS Hawk Spirit Week and the New Year Kick-off Assembly; and two PBIS presentations to the larger community, including a PBIS Hawk parent education presentation at Create the Good and a PBIS presentation to the Alpine County Unified School Board.

Populations Served in FY 2013/14

The PBIS program served a total of 109 unique individuals, about three-quarters of whom were youth (72%) and a quarter of whom were adults (28%). The per-person cost for ACBHS to run this program in FY 2013/14 was \$335.

Key Successes

A primary success of the PBIS program has been the strong support and reception by school administration, teachers, and students. ACBHS recorded at least 80% buy-in from combined staff members. As such, the program experienced high implementation fidelity by teachers. Additionally, the school district and staff have completed all Tier II Team Trainings through the Placer County Office of Education and licensing for the Learning Earnings PBIS support website is set up for the 2015–2016 school year.

Barriers or Challenges

While the PBIS program has been very well-received by school administration and staff, staff's fidelity to the program has been limited. This is to be expected as this was the first year of implementation. Given the infancy of the program, ACBHS will partner with the school to continue to support the staff's training in PBIS and establishment of common language and understanding of the program in the school and the larger community.

FY 2013/14 Partners

To implement PBIS at the school, ACBHS partnered with the Diamond Valley School, Alpine County Office of Education, and Alpine County Unified School District.

Fiscal Year 2015/16 Planned Activities and Modifications

The PBIS program will continue to promote positive environments, address challenging student behaviors, and enhance the quality of life for Alpine youth through evidence-based individual and systemic strategies. ACBHS will work with the school district to increase transparency about the



program, including a Spring Showcase to inform parents and the community about PBIS. Additionally, ACBHS plans to develop and facilitate two community input forums per school year (one in fall, one in spring) to solicit parent feedback about ACBHS' PBIS administration and communication.

Parenting Support Workshops

FY 2013/14 Status

Implemented with progress made to achieve its objectives.

Program Description

Alpine County has a proportionally larger population of families with 0-5 children. Accordingly, ACBHS designed targeted support for parents regarding early screening and support for children with severe emotional disturbances (SED). Parenting Support Workshops seek to strengthen parenting skills, such as learning the best ways to care for one's child and creating a supportive home environment for healthy child development. Parenting support workshops provide an opportunity for parents to detect early symptoms of developmental and intellectual delay, ensuring their child has timely access to necessary screenings and services.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The presentations on parenting topics supported family wellness and resiliency by providing parents with information about positive parenting techniques, as well as a supportive environment in which to ask questions, discuss challenges, and receive advice.
- **Consumer/Family-Driven Services** – Topics covered in parenting presentations were chosen in direct response to stakeholder input and requests.
- **Cultural Competency** – The presentations on parenting topics were geared toward the specific cultural backgrounds of participants. Presenters placed a particular emphasis on integrating Native parenting traditions and maintaining an open, trusting, non-judgmental environment in which different cultural practices related to parenting could be discussed freely.
- **Community Involvement** – Alpine County community members contributed ideas for parenting presentation topics and ACBHS staff conducted outreach to increase community attendance.
- **Integrated Service Delivery** – Parenting presentations included information about local agencies providing services relevant to the topic of presentation. Additionally, ACBHS worked with Native TANF, First 5 Alpine, Choices for Children, Tahoe Youth & Family Services and Live Violence Free when planning parenting presentations.

Key Activities in FY 2013/14

Key activities for this program included conducting three parenting classes in coordination with Choices for Children, which were open to all residents. These classes were: 1) Raising Boys, 2) Raising Girls, and 3) The Media and Its Effect on Youth and Body Image. Additionally, ACBHS organized a series of monthly



father-figure programs. Called "Fathers' Wellness Project", the focus was on promoting healthy fathering and positive relationship-building between men and the children in their lives. ACBHS also developed a "Women and Youth Wellness Project" to mirror the men's program and organized a one-day presentation called "Honoring Our Mothers." Plans to build upon these successes are in the works.

Populations Served in FY 2013/14

The Parenting Support Workshops served a total of 53 unique individuals, about half of whom were adults (47%), a third were youth (30%), 11% were TAY, and 11% were older adults. The per-person cost for ACBHS to run this program in FY 2013/14 was \$74.

Key Successes

The Honoring Mothers one-day presentation was very well-attended, with over 50 community members. The Father's Wellness Project slowly increased participation with approximately one new family every six months.

Barriers/Challenges

The Parenting Workshops started FY 2014/15 with strong participation. However, the participation steadily decreased. Parents explained that they had competing interests that created scheduling difficulties.

FY 2013/14 Partners

ACBHS partnered with Choices for Children to organize the Parenting Support Workshops.

Fiscal Year 2015/16 Planned Activities and Modifications

To reduce programming redundancy, achieve greater outcomes and serve additional populations, as a part of the County's MHSA Three-Year Programming and Expenditure Plan for FY 2014–2017, the Parenting Workshops were absorbed into the newer, larger Wellness Projects discussed below.

PEI Programs Initiated in FY 2014/15

As a result of the community program planning efforts for Alpine County's MHSA Three-Year Program and Expenditure Plan in FY 2014–2017, several programs were restructured to meet the County's mental health needs. This resulted in the creation or modification of several PEI programs. These new or modified programs are described below.



Create the Good

Program Description

Create the Good began as an adult luncheon geared toward adults and seniors. These luncheons featured presentations on topics related to health, wellness and parenting. The event promotes community socialization, awareness of current health and mental health wellness issues, and provides the possibility for further learning. Over the course of FY 2014/15, the program expanded to provide more early intervention opportunities, adding 10-week sessions of Yoga & Art for Trauma Release, and creating opportunities for “meet and greets” between participants and ACBHS staff, in particular residents in the geographically isolated communities. These early intervention activities were developed in an effort to thwart issues of social isolation, anxiety, and depression that were identified as pervasive concerns by community members.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The primary goal of Create the Good activities are to promote the principles of wellness, recovery, and resiliency. Community gatherings, discussions, and activities support both community and individual well-being and strength. In addition, these activities provided a forum for group discussions, presentations and peer support in an open and welcoming environment.
- **Consumer/Family-Driven Services** – Create the Good activities were driven by community interests and input and included a wide variety of activities in order to meet the needs of families and older adults within the community. Create the Good sought to engage residents in programming to build community members’ trust in service providers and decrease barriers to accessing behavioral health services.
- **Cultural Competency** – ACBHS staff strove to engage the Hung-A-Lel-Ti Community and other residents of the community through communal gatherings such as Create the Good. ACBHS increased the hours of the Native Wellness Advocate to target outreach and engagement among the Tribal community as well as provide input from the community on how to enhance activities so as to better meet the needs of the Hung-A-Lel-Ti Community and reduce stigma against mental illness.
- **Community Involvement** – Create the Good events responded to community interests and input, and ACBHS staff members encouraged community involvement in both planning and participation to ensure activities reflected residents’ mental health needs and maintain community engagement in the activities.
- **Integrated Service Delivery** – The broad range of topics presented during the Create the Good luncheons focused on integrated health and wellness issues and invited a broad range of community stakeholders to lead each weekly discussion/activity. As a result, participants learned everyday practices, ranging from nutrition education to physical activities to enhance their overall mental health and promote a healthy lifestyle. In addition, community members were able to witness and experience the strengths inherent in their own community.



Populations Expected to be Served in FY 2015/16

Based on service numbers so far in FY 2014/15, ACBHS expects Create the Good to serve a total of 98 unique individuals, about half of whom will be adults (48%), a third will be youth (28%), 14% will be older adults, and 10% will be TAY.

Fiscal Year 2015/16 Planned Activities and Modifications

So far in FY 2014/15, Create the Good has been widely attended and ACBHS staff have received positive feedback from participants. However, because Create the Good is housed in the Hung-A-Lel-Ti Community, stakeholders reported that they were unaware that the program was open to non-Native community members. To address this challenge, ACBHS plans to promote the program throughout the community as being open to all through the ACBHS calendar, flyers and word of mouth. As always, ACBHS plans to incorporate rapport building between community members during each Create the Good event.

ACBHS will also incorporate the Alpine Kids Program as a part of Create the Good. Alpine Kids is comprised completely of volunteers who provide monthly family outings and activities for children and families in Alpine County. These services also include a teen program for residents who are 22 years of age and younger. Activities are intended to promote healthy, substance-free activities for youth.

Additionally, in response to the needs assessment findings in planning this Annual Update, ACBHS will add a summer lunch program for youth that complements the very popular adult Create the Good lunch program and meets the expressed need for youth engagement. This youth lunch program will run for two weeks, and is meant to fill in the service gap between school and when the Native TANF Summer Food Program begins. Additionally, ACBHS is considering expanding Create the Good to include a monthly luncheon gathering that involves families, another target population raised by CPP participants.

ACBHS will continue to provide current Create the Good programs and activities. The Department is hoping to expand the number of adult open support groups. Given the success of the Yoga & Art for Trauma Release 10-week sessions since its implementation in September 2014, ACBHS plans to implement two simultaneous sessions, each meeting on a weekly basis. ACBHS is also considering hosting guest speakers on topics related to self-help during Create the Good programs, and may include meet-and-greet opportunities with staff where community members can learn about currently available MHSA programs and the various specialties of ACBHS therapists.

Combining Past and Present

Program Description

Combining Past and Present is a culturally-based prevention program for Alpine County residents of all ages. The program seeks to preserve cultural traditions, build community, and prevent the onset of depression and anxiety related to lack of socialization for members of the Hung-A-Lel-Ti Community.



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Through community dialogue and activities, the program also addresses trauma-related mental health topics specific to Tribal community, such as historical trauma and identity confusion.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The presentations on Tribal history and culture supported wellness and resiliency by fostering cultural awareness among families and youth in the Hung-A-Lel-Ti Community about their history, while building rapport and trust among Hung-A-Lel-Ti Community, Alpine residents as well as with ACBHS staff.
- **Consumer/Family-Driven Services** – Combining Past and Present was developed to address, and continues to be driven by, the needs of the community who expressed interest in integrating activities and building rapport between the different cultural communities of Alpine County. In addition, the need to keep traditional activities alive as an expression of resiliency was and is identified as a need by members of the Washoe tribe at Hung-A-Lel-Ti.
- **Cultural Competency** – All activities provided for families and youth were targeted to be culturally derived. Both Native and non-Native youth and adults participated in Combining the Past and Present activities. Additionally, the Native Wellness Advocate conducted outreach for many of the program's activities with special attention to local culture and needs.
- **Community Involvement** – The core purposes of Combining Past and Present is to promote greater community involvement, particularly between community members of different cultures and generations and encourage the continuing presence of traditional activities among Washoe Tribal members.
- **Integrated Service Delivery** – Combining Past and Present program formed connections with the Wellness Center. The program incorporated service delivery with other programs and agencies whenever feasible and appropriate.

Populations Expected to be Served in FY 2015/16

Based on service numbers so far in FY 2014/15, ACBHS expects Combining Past and Present to serve a total of 56 unique individuals, 43% of whom will be adults, 21% will be TAY, 18% will be youth, and 18% will be older adults.

Fiscal Year 2015/16 Planned Activities and Modifications

In FY 2014/15, Combining Past and Present started with strong participation but has since experienced a high attrition rate in some programs as activities progressed. Accordingly, ACBHS plans to cut back on the number of activities, focusing on monthly gathering events and one to two special events throughout the year. For example, Campfire Tales was a regular activity structured to reflect the most common way of teaching in the Washoe culture. Stories passed down to future generations retain the bonds of tradition and teach life lessons. Due to low attendance, ACBHS will reduce the frequency of Campfire Tales and partner with other Washoe entities to create a bigger impact. Among the other popular activities that will be maintained are the numerous gathering trips in which participants venture out to gather traditional foods and materials such as acorn, pinenuts, berries, and willow. Follow up



sessions are held to pass on the traditional methods of how to prepare native foods and cultural crafts including basket making and beading.

Wellness Projects

Program Description

Wellness Projects are designed to provide targeted programming for a variety of distinct populations. These programs will offer continued support to prevent the development and onset of mental health issues among Alpine County residents and engage residents in programming to decrease barriers to accessing SMI/SED services. The following are included within the Wellness Projects:

- *Parenting Workshops*: ACBHS will provide targeted support for parents regarding early screening and support for children with severe emotional disturbances (SED).
- *Fathers' Wellness Project*: ACBHS will continue to provide this project to augment emotional relationship building between father figures and children. ACBHS will increase the educational component of this program and invite more outside speakers to attend.
- *Women and Youth Wellness Project*: ACBHS will implement this project to mirror the outcomes of the Fathers' Wellness Project by continuing to host an annual "Honoring our Mothers" event in the spring.
- *Children and TAY Wellness Project*: ACBHS will continue to provide summer story time and play groups for children and will continue to support and leverage existing children and TAY programming occurring in nearby locations and through community collaborations.

In addition to these projects, regular events to promote inclusion and wellness include a Summer Reading Program, Family Movie Nights, and monthly Thriftstore Tours for adults.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Wellness Projects will address the principle of wellness, recovery, and resiliency by providing opportunities for adults and youth to participate in positive and healthy activities and, therefore, build resiliency and coping mechanisms for life stressors.
- **Consumer/Family-Driven Services** – Wellness Project activities were established based on community input and responded directly to the mental health needs and service gaps reported by Alpine stakeholders.
- **Cultural Competency** – All Wellness Project activities will be designed to be age appropriate and seek inclusion of both Native and non-Native youth stakeholders of various ages. Additionally, ACBHS's Native Wellness Advocate will conduct outreach and engagement efforts activities with special attention to local culture and needs.
- **Community Involvement** – Planning efforts for all Wellness Projects will make sure to include close collaboration with community members. Additionally, stakeholders will provide input regarding the feasibility and continuous improvement in program implementation given the local needs of youth and adults.



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- **Integrated Service Delivery** – ACBHS will work with local community based organizations and small businesses in its implementation of current and new Wellness Projects such as the summer reading program and monthly adult outings.

Populations Expected to be Served in FY 2015/16

Based on service numbers so far in FY 2014/15, ACBHS expects the Wellness Projects to serve a total of 74 unique individuals, most of whom will be youth (58%), 20% will be adults, 11% will be TAY, and 11% will be older adults.

Fiscal Year 2015/16 Planned Activities and Modifications

ACBHS plans to continue all activities as proposed in its MHSA Three-Year Program and Expenditure Plan for FY 2014–2017

School Based Primary Intervention Program

Program Description

The Primary Intervention Program (PIP) is an evidence based program that provides one-to-one services to students through the use of non-directive play therapy sessions held in a specially designed and equipped activity room at the school. Services are delivered by a child aid, with close supervision from a credentialed mental health professional. Children receive one 30–40 minute one-to-one session per week, for a period of 12–15 weeks. PIP is designed for the early intervention and prevention of mild to moderate school adjustment difficulties in primary (K-6) grade students. Through the use of a systematic selection process, the program identifies students who are experiencing adjustment problems and who could benefit from early intervention. Once identified, these students receive mental health services from carefully selected, trained child aides who work under the supervision of a credentialed mental health professional. Referral services to ACBHS are provided for students whose needs are beyond scope of the PIP. This program will be subcontracted to Tahoe Youth & Family Services (TYFS). PIP is designed to enhance the social, emotional, and behavioral development of young students; to build children's self-esteem and confidence; and to encourage positive attitudes toward school and improved academic achievement.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – PIP addresses the principles of wellness, recovery, and resiliency by providing more targeted interventions focusing on the development of responsible behavior and problem solving, connecting students with adults at the school, and emphasizing preventive approach towards mental health and wellness.
- **Consumer/Family-Driven Services** – PIP will specifically work with a group of at-risk, high-need students and their families to develop individually-tailored services unique to the needs of each student and family.



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- **Cultural Competency** – PIP screenings and sessions will provide an opportunity for staff, teachers, and students of all cultures, including both Native and non-Native students, to work together, share diverse experiences and ideas, and build trust and mutual understanding. Given PIP's one-on-one targeted services, staff will have the opportunity to work with each student and their family to ensure a culturally competent approach to healthy development.
- **Community Involvement** – PIP staff will work closely with school staff and administration to strengthen coordination and to ensure proper linkages are made between the school, home, TYFS, ACBHS and the community environment to strengthen youth resiliency and healthy socialization.
- **Integrated Service Delivery** – PIP staff will work closely with school staff and administration to strengthen coordination and to ensure proper linkages are made between the school, home, TYFS, ACBHS and community environment in strengthening youth resiliency and healthy socialization.

Populations Expected to be Served in FY 2015/16

ACBHS expects PIP to serve a total of 12–15 individuals, all of whom will be youth.

Fiscal Year 2014/15 Planned Activities and Modifications

During FY 2014/15, ACBHS partnered with the Diamond Valley School and Tahoe Youth & Family Services to coordinate Pip and its implementation.. ACBHS began program implementation in FY 2014/15 .

New PEI Program Proposed for FY 2015/16

Mental Health First Aid Training for Community Members

Based on community needs identified in the FY 2013/14 needs assessment and through the community program planning process in FY 2014/15, ACBHS proposes the development of a Mental Health First Aid Training Program for Community Members in FY 2015/16.

Program Description

Mental Health First Aid is an eight-hour course for community members that teaches how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps community members identify, understand, and respond to signs of mental illnesses and substance use disorders. The goal of mental health first aid is to help support an individual until appropriate professional help arrives. Community members would learn a strategy that includes assessing risk, respectfully listening to and supporting the individual in crisis, and identifying appropriate professional help and other supports. Community members would also be introduced to risk factors and warning signs for mental health or substance use problems, engage in experiential activities that build



understanding of the impact of illness on individuals and families, and learn about evidence-supported treatment and self-help strategies.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Mental Health First Aid Training for Community Members is meant to promote wellness, recovery, and resiliency through community awareness and support. Trained community members should be able to recognize when someone is experiencing a mental health problem and connect them with appropriate care in a timely manner.
- **Consumer/Family-Driven Services** – The suggestion for this program came from the CPP process in which consumers/family members raised the need for greater community education in interacting with and responding to those who might be experiencing a mental health problem or crisis.
- **Cultural Competency** – This program is intended to increase community members' awareness of mental illness, decrease stigma against mental illness, and improve competency in responding to those experiencing a mental health problem or crisis.
- **Community Involvement** – The intention of this program is to promote community involvement, increase the number of community members involved in ACBHS programs and services and reducing the stigma towards mental illness and substance use disorders.
- **Integrated Service Delivery** – The training will provide community members with a list of referral resources to ensure that those experiencing a mental health issue or crisis are referred and warmly handed off to the appropriate service providers.

Target Populations

ACBHS will invite all of their stakeholders to participate in the Mental Health First Aid Training free of charge.

Intended Partners

ACBHS partners with Alpine County's Mental Health Board to design and implement this program. The current Mental Health Board Chair was trained in MHFA alongside the MHSA Specialist. ACBHS intends to partner with the Alpine County Unified School District, Alpine County Sheriff Department, California Highway Patrol, Alpine County Health and Human Services, Alpine County Public Health, Kirkwood and Bear Valley Ski Resorts to provide MHFA training and ongoing support.

Fiscal Year 2015/16 Planned Activities and Modifications

This is a new program ACBHS is proposing for implementation in FY 2015/16. To date, one ACBHS staff member and the Mental Health Board Chair have been trained in Mental Health First Aid and ACBHS intends to send staff members to additional trainings to become certified trainers to facilitate community trainings throughout Alpine County.



Suicide Prevention Program

Alpine County stakeholders have identified a gap in suicide prevention services for some time and during the community program planning process for the FY 2015/16 Annual Update, the Woodfords Washoe Community Council expressly raised the need for such programming. Based on the identified gap and need, ACBHS proposes the development and implementation of a Suicide Prevention Program in FY 2015/16 that links to a statewide Suicide Prevention Initiative, detailed below.

Program Description

The California Suicide Prevention Initiative uses a full range of strategies to engage diverse populations across the lifespan. These strategies fall under four key components:

- 1. Training.** Several training programs are currently available. Applied Suicide Intervention Strategies Training (ASIST) is a national suicide prevention training program. The training is recognized as an established best practice and is specifically popular among small and mid-size counties. Through a two-day training, stakeholders learn how to recognize the risk and how to intervene to prevent the immediate risk of suicide. The purpose of the training is to prepare participants to integrate intervention principles into everyday practice. Question, Persuade, Refer (QPR) is another suicide prevention training program. Guided by certified trainers, QPR is an interactive one-hour presentation. The QPR curriculum is nationally recognized by the Joint Commission on Accreditation of Health Care Organizations as a "Best Practices" program. As program development progresses, ACBHS will look into the possibility of implementing one of these training programs. ACBHS will consider adopting a train-the-trainer approach, initially training County staff, who will then train community members.
- 2. Outreach and Engagement.** The primary goal of this component is to lead presentations to raise community awareness about suicide. Presentations are typically delivered at community groups (e.g., parent group meetings, faith-based meetings, Woodfords Washoe Community Council) and in K-12 schools (e.g., school assemblies, youth groups).
- 3. Suicide Hotline.** ACBHS operates a 24 hour a day, 7 days per week crisis line using credentialed ACBHS staff and Crisis Support Services of Alameda County. In addition, the National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Individuals in crisis are connected to the closest available crisis center where a trained counselor assists the individual connect to the necessary services and supports in their county.
- 4. Suicide Prevention Communication Materials.** The California Mental Health Services Authority (CalMHSA) has developed a health communication campaign on suicide prevention, titled *Know the Signs*. In addition, it has identified strategies for partnering with media and schools to conduct a general public education campaign to promote awareness of suicide and reduce stigma around seeking help.



MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Suicide Prevention Program is meant to promote wellness, recovery, and resiliency through community awareness and support. Trained community members should be able to recognize when someone is experiencing a crisis and connect them with appropriate care in a timely matter.
- **Consumer/Family-Driven Services** – Suicide prevention services are targeted and customized to work directly with individuals in crisis. Additionally, suicide prevention services would also deliver family-oriented services to raise awareness and build families' capacity to support loved ones in crisis.
- **Cultural Competency** – This program is intended to increase community members' awareness of suicide prevention, decrease stigma against suicide as well as against seeking help, and improve competency in responding to those experiencing a crisis. Additionally, ACBHS' Native Wellness Advocate will work with the Hung-A-Lel-Ti Community to ensure the program incorporates culturally-competent engagement efforts and trainings.
- **Community Involvement** – The program aims to raise suicide and crisis awareness in the community. Community members will be involved in implementation through the ASIST, QPR or Know the Signs training and community presentations to promote dialogue around this issue.
- **Integrated Service Delivery** – ACBHS will work with local agencies and providers to develop targeted outreach efforts in order to promote a healthy dialogue about suicide and foster a culture of seeking help for individuals. In addition, ACBHS will work with the Crisis Support Services of Alameda County (CSS) to strengthen communication and ensure the operator providing assistance delivers accurate referrals, thus allowing the caller a warm hand-off to the appropriate service providers. To accomplish this objective, ACBHS will meet quarterly with CSS to provide up-to-date information regarding mental health resources in Alpine County.

Target Populations

Alpine residents

Intended Partners

Will be determined as program development and implementation details become more concrete.

Fiscal Year 2015/16 Planned Activities and Modifications

This is a new program ACBHS is proposing for implementation in FY 2015/16. As such, ACBHS intends to spend FY 2015/16 planning a feasible implementation schedule. ACBHS hopes to begin implementation through a County-wide public communication campaign to raise awareness of suicide, destigmatize the issue and offer help for those at risk of suicide. ACBHS will use the CalMHSA *Know the Signs* materials as a reference guide and tool for building a culturally appropriate outreach campaign.



Capital Facilities and Technology Needs

Capital Facilities Development

FY 2013/14 Status

Not implemented

Program Description

The Capital Facilities funds will be used to acquire a new building or space for MHSA administration and services. The focus of the facility will be to offer MHSA services to children, transition age youth, families, adults, and older adults. The site will provide activity rooms for individual and group service delivery (including Play Therapy and additional wellness programs) as well as dedicated space for ACBHS administration.

Fiscal Year 2015/16 Planned Activities and Modifications

In FY 2013/14, ACBHS was understaffed and did not have an assigned Director of Behavioral Health Services. Due to this, ACBHS had limited capacity to identify a new building to house ACBHS administration and programs and delayed CFTN implementation. Toward the end of FY 2013/14, ACBHS hired a new director and staff that has allowed ACBHS to review this plan.

Based on the community's needs and through the strategies recommended by CPP participants in 2014, ACBHS revised their Capital Facilities Development plan in the County's MHSA Three-Year Program and Expenditure Plan for FY 2014–2017 to not build a second Wellness Center as originally planned in FY 2009/10, but to build a location where ACBHS administration, programs, and services can be co-located. The intentional co-location was suggested by community members as a strategy for increasing client confidentiality and reducing the stigma of mental illness.

In FY 2014/15 ACBHS identified and contracted with an architect and engineer to work on the design and construction of the new facility. In FY 2014/15 and 2015/16, ACBHS will work with the County building, planning, and public works departments to identify, secure, and build an appropriate building to provide expanded MHSA services and house ACBHS administrative offices. Key concerns ACBHS will consider for the new space include:

- Location that maximizes accessibility for all residents of Alpine County
- Configuration of programming and shared spaces to increase privacy for those seeking CSS services
- Appropriate size to house group activities and other services in addition to administrative offices

According to the County's MHSA Three-Year Programming and Expenditure Plan for FY 2014–2017, ACBHS anticipated spending a majority of Capital Facilities funds in FY 2014/15 to break ground on the building, however, the progress has been slower than anticipated, therefore, the funds were not expended and ACBHS plans to roll the remaining FY 2014/15 funds into the FY 2015/16 and onward.



Electronic Health Record Implementation

FY 2013/14 Status

Implemented with progress made to achieve its objectives.

Program Description

During FY 2010/11, Alpine conducted a technological needs assessment, applied, and received funding for implementing an electronic health record (EHR) to document services, streamline assessments, and track programmatic and client outcomes over time. The system was also intended to monitor due dates for charting, client services plans, and other utilization review activities. Such features would expedite staff access to client information and enable them to share critical information regarding high-risk clients (e.g., allergies, drugs sensitivities, recent crisis information, as appropriate). The EHR would also ensure the privacy of protected health information by having state-of-the-art equipment and software.

Key Activities in FY 2013/14

In FY 2011/12, Alpine began implementing their EHR through Anasazi. As of FY 2013/14, Alpine is in the primary stages of EHR implementation and has accomplished the following:

- 2012: Staff computers upgraded and Anasazi configured for Alpine County
- 2013: Administrative staff trained in service data entry for billing purposes
- March 2014: Administrative staff trained in end of month billing in Anasazi
- April 2014: Clinical staff trained in clinical navigation, scheduler, client charting and progress notes in Anasazi
- May 2014: Clinical staff trained in treatment planning and assessments in Anasazi

Key Successes

Clinical staff began entering their progress notes and treatment plans into the Anasazi system in FY 13/14, further moving away from a paper based client file. ACBHS also took over their own end-of-month billing from the contracted provider, Kings View in FY 13/14. This allowed staff and administration to see the electronic health record and billing process from start to finish and identify training needs for staff as well as underbilled services.

Barriers/Challenges

ACBHS was understaffed for much of FY 13/14 creating challenges to full implementation of the EHR. With the addition of a full time Clinical Coordinator in FY 14/15, ACBHS has implemented the assessment and document scanning features in the EHR.



FY 2013/14 Partners

ACBHS partnered with Alpine County Health and Human Services (HHS) to provide front office assistance allowing for ACBHS staff to attend critical EHR trainings. ACBHS also partnered with Kings View to implement the Anasazi program and train staff.

Fiscal Year 2014/15 Planned Activities and Modifications

ACBHS staff and contracted providers will continue to work toward establishing a functional and fully operational electronic health record system. ACBHS plans to accomplish this through ongoing training as well as utilization and billing review.

**Mental Health Services Act Annual Update Expenditure Plan for FY 2015/16
Funding Summary**

County: Alpine

Date: 4/10/15

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 312,605	\$ 78,151			\$ 757,587	
2. Estimated New FY 15/16 Funding	\$ 903,200	\$ 225,800				
3. Transfer in FY 15/16 ^{a/}	\$ -			\$ -	\$ 133,264	
4. Access Local Prudent Reserve in FY 15/16	\$ -	\$ -				
5. Estimated Available Funding for FY 15/16	\$ 1,215,805	\$ 303,951	\$ -	\$ -	\$ 890,851	
B. Estimated FY 2015/16 MHSA Expenditures	\$ 1,215,804	\$ 303,951	\$ -	\$ -	\$ 890,851	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	\$ 459,573
2. Contributions to the Local Prudent Reserve in FY 2015/16	\$ 41,164
3. Distributions from the Local Prudent Reserve in FY 2015/16	\$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2016	\$ 500,737

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

Mental Health Services Act Annual Update Expenditure Plan for FY 2015/16
Prevention and Early Intervention (PEI) Component Worksheet

County: ALPINE

Date: 4/10/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. SENIOR SOCIALIZATION & EXERCISE	23,000	23,000				
2. PBIS	36,500	36,500				
3. CREATE THE GOOD	20,000	20,000				
4. COMBINING PAST & PRESENT	10,000	10,000				
5. WELLNESS PROJECTS	18,300	18,300				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
12. PRIMARY INTERVENTION PROGRAM	65,000	65,000				
13. CREATE THE GOOD	13,000	13,000				
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	118,151	118,151				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	303,951	303,951	0	0	0	0

Mental Health Services Act Annual Update Expenditure Plan for FY 2015/16
Community Services and Supports (CSS) Component Worksheet

County: ALPINE

Date: 4/10/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP	623,302	548,302	75,000			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. FCCS	116,860	116,860				
2. OUTREACH & ENGAGEMENT	95,134	95,134				
3. SCHOOL BASED MH CLINICIAN	78,860	71,860	7,000			
4. PLAY THERAPY	78,860	71,860	7,000			
5. SYSTEMS DEVELOPMENT	74,420	74,420				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	237,368	237,368				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	1,304,804	1,215,804	89,000	0	0	0
FSP Programs as Percent of Total	51.3%					

Mental Health Services Act Annual Update Expenditure Plan for FY 2015/16
Innovations (INN) Component Worksheet

County: Alpine

Date: 4/10/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

Mental Health Services Act Annual Update Expenditure Plan for FY 2015/16
Workforce, Education and Training (WET) Component Worksheet

County: Alpine

Date: 4/10/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

Mental Health Services Act Annual Update Expenditure Plan for FY 2015/16
Capital Facilities and Technology Needs Component Worksheet

County: ALPINE

Date: 4/10/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. BHS FACILITY	1,790,851	890,851		900,000		
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. ONGOING ELECTRONIC HEALTH RECORD	10,000			10,000		
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	6,000			6,000		
Total CFTN Program Estimated Expenditures	1,806,851	890,851	0	916,000	0	0

